

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0012376
AT

DOCUMENT # A22519
1. Entity Name
STORAGE PARTNERS ONE, LIMITED

02 APR 25 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**1396 N. KILLIAN DR. SUITE A
LAKE PARK FL 33403** **1396 N. KILLIAN DR. SUITE A
LAKE PARK FL 33403**



2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

DUE BY MAY 1, 2002

4. FEI Number **59-2625148** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**MARSHALL, CARLISLE L
5334 POINT LANE E.
JUPITER FL 33458**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$350,000.00** 10. Amount of Capital Contributions in FLORIDA to date. **0** 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	MARSHALL, TODD 5334 POINT LANE EAST JUPITER FL 33458	STREET ADDRESS	7184 S.E. OSPREY ST.
NAME		CITY-ST-ZIP	HOBE SOUND, FL 33455
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	MARSHALL, CARLISLE 5334 POINT LANE EAST JUPITER FL 33458	STREET ADDRESS	7184 S.E. OSPREY ST.
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STREET ADDRESS			
CITY-ST-ZIP			

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: TODD C. MARSHALL Date: 4-22-02 Daytime Phone #: (772) 595-4059

CR2E003 (9/01)